2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A05000002215** 06 APR -7 AH 10: 15 TECHNICAL FIELD PARTNERSHIP LTD Principal Place of Business Mailing Address 161 BLANDING BOULEVARD 161 BLANDING BOULEVARD ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192006 CR2E003 (11/05) Chg-LP City & State City & State Applied For 4. FELNumber Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHUETZ, ALAN L O. Box Number is Not Asceptable 161 BLANDING BOULEVARD ORANGE PARK, FL 32073 Prange Hark 8. The above named entity submits this statement for the perpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS REYES, RONALD P NAME STREET ADDRESS 161 BLANDING BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK, FL 32073 800070474778 04/14/06--01070--017 **500.00 DOCUMENT # STREET ADDRESS NAME NELSON, RICHARD T STREET ADDRESS 161 BLANDING BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK, FL 32073 DOCUMENT # STREET ADDRESS NAME SCHUETZ, ALAN L STREET ADDRESS 161 BLANDING BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK, FL 32073 DOCUMENT # STREET ADDRESS LA ROSA, ROBERTO L NAME STREET ADDRESS 161 BLANDING BOULEVARD CITY-ST-ZIP CITY-ST-7IP ORANGE PARK, FL 32073 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER